

NOV 12 5 P 3 43

United States District Court

DISTRICT OF Massachusetts

CHARLENE H. WILLIAMS,
Plaintiff

SUMMONS IN A CIVIL CASE

v.

CASE NUMBER:

04 12153 NMG

CAVALRY INVESTMENTS, LLC and
CAVALRY PORTFOLIO SERVICES, LLC,
Defendants

TO: (Name and address of defendant)

CAVALRY PORTFOLIO SERVICES, LLC
c/o Registered Agent - CT Corp. System
10 Federal Street
Boston, MA 02110

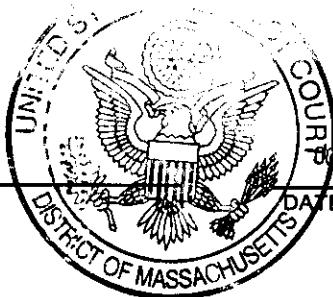
YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Yvonne W. Rosmarin
Law Office of Yvonne W. Rosmarin
58 Medford Street
Arlington, MA 02474

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

CLERK

(BY) DEPUTY CLERK



13 2004

DATE



Suffolk County Sheriff's Department • 45 Bromfield Street • Boston, MA 02108 • (617) 989-6999
Suffolk, ss.

November 2, 2004

I hereby certify and return that on 11/1/2004 at 2:40PM I served a true and attested copy of the usdcSummons, Amended Complaint and Statement of Damages in this action in the following manner: To wit, by delivering in hand to Y.Concepcion, Process Clerk & agent in charge of CT Corp & agent in charge at time of service, for Cavalary Portfolio Services, LLC, at , 101 Federal Street, C/O CT Corporation Systems Boston, MA 02108. Basic Service Fee (IH) (\$30.00), Postage and Handling (\$1.00), Attest/Copies (\$5.00) Total Charges \$36.00

Deputy Sheriff John Cotter

John Cotter

Deputy Sheriff

Address of Server

Signature of Server

Date

Executed on

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

4/26/06

DECLARATION OF SERVER

TOTAL

SERVICES

TRAVEL

STATEMENT OF SERVICE FEES

- ☐ Other (specify):
- ☐ Returned unexecuted:
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
- ☐ Served personally upon the defendant. Place where served:

Check one box below to indicate appropriate method of service

TITLE

NAME OF SERVER (PRINT)

DATE

Service of the Summons and Complaint was made by me

RETURN OF SERVICE